

LaCHIP AFFORDABLE PLAN**H-580****H-581 GENERAL INFORMATION**

Effective June 1, 2008, Louisiana Medicaid implemented an expansion of the State Child Health Insurance Program (SCHIP) to provide health assistance to uninsured children with family income too high to qualify for regular LaCHIP, but equal to or less than 250% FPL. LaCHIP Affordable Plan (LAP) is a separate state SCHIP Program and different from the LaCHIP program.

LAP enrollees will receive benefits through the Louisiana Office of Group Benefits (OGB) Preferred Provider Organization (PPO), from here on referred to as the State Employees Health Plan, which will administer benefits and claims processing. LAP is a cost-sharing program, with a monthly premium and co-pays for services and prescriptions. When the State Employees Health Plan determines that a family has reached a cap amount of 5% in out-of-pocket expenses, they will not be required to pay any more premiums and co-pays for the remainder of the plan year.

A household which has at least one eligible child verified as a member of a federally recognized American Indian or Alaskan native tribe will pay no premium.

Households with multiple LaCHIP Affordable Plan certifications due to multiple income units will pay only one premium

A LaCHIP Affordable Plan child is one:

- who is under age nineteen (19);
- who is not income eligible for regular LaCHIP;
- whose gross family income does not exceed 250% FPL;
- who does not have other ** insurance or access to the State Employees Health Plan;
- who has not been voluntarily dropped from insurance within last 12 months without good cause; and
- who has been determined eligible for child health

assistance under the State Child Health Insurance Plan.

Good cause exceptions to the 12-month waiting period:

- Lost insurance due to divorce or death of parent
- Lifetime maximum reached
- COBRA coverage ends (up to 18 months)
- Insurance ended due to lay-off or business closure
- Changed jobs; new employer does not offer dependent coverage
- Employer no longer provides dependent coverage
- Monthly family premium exceeds 10% of gross income

H-585 ELIGIBILITY DETERMINATION PROCESS

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

H-585.1 Determine Assistance/Benefit Unit

The assistance/benefit unit consists of the child(ren) under age nineteen (19).

H-585.2 Establish Categorical Requirement

Each eligible child must be under age 19.

H-585.3 Establish Non-financial Eligibility

Verify eligibility for each member of the assistance/benefit unit with regard to the following factors:

- Assignment of Third Party Rights I-200

- Citizenship/Alien Status I-300
- Enumeration I-600
- Residence I-1900
- Lack of Creditable Health Coverage I-2200
- Access to State Employer Health Insurance Plan
- Insurance not voluntarily dropped during previous twelve (12) months.

Applicants must be uninsured at the time of application. Applicants are considered to be uninsured if they do not have creditable health insurance.

LAP applicants cannot have access to the State Employees Health Plan through parent's employment.

H-585.4 Establish Need

A. Determine Composition of the Income Unit

The LaCHIP Affordable Plan income unit includes the following persons who live in the home:

- child or children under age 19 for whom assistance is requested,
- MUM's child,
- siblings not excluded, and
- parents (legal or natural).

Note:

Relationship is not an eligibility factor. The child can be eligible for LaCHIP Affordable Plan even if living with unrelated persons. Verification of relationship of the LaCHIP applicant to non-applicant siblings is required to allow the siblings to be included in the income unit.

Military parents who do not live in the home are not included.

Count only direct contributions or allotments.

Unrelated persons, relatives other than the parents, or custody agencies who apply for a child are not included. Unborns are not included.

Include sanctioned individuals in the income unit, and their needs are included in the income standard.

Refer to H-100.3, Assistance/Benefit Unit - Optional Exclusions, for persons living in the home who may be optionally excluded.

B. Determine Need/Countable Income

Income deductions or exclusions **are not** allowed for LaCHIP Affordable Plan.

- Step 1. Determine that the child is income ineligible for regular LaCHIP.
- Step 2. Determine the income unit.
- Step 3. Determine total gross earnings for each member of the income unit.
- Step 4. Total the gross earned income.
- Step 5. Determine total gross unearned income for each member of the income unit.
- Step 6. Add gross earned and unearned income of all members of the income unit to determine total income.
- Step 7. Compare the total **gross** income to the appropriate income standard for the income unit size. Refer to Z-0000, Charts.

H-585.5 Eligibility Decision

Evaluate all eligibility requirements and verifications received to make the eligibility decision to either reject/close, certify, or extend eligibility.

H-585.6 Certification Period

The certification period shall not exceed twelve (12) months. The LAP

program will have no retroactive coverage.

H-585.7 Notice of Decision

Send the notice of decision to the applicant/enrollee.

H-585.8 Premiums

Premiums will be collected by the third party administrator, State Employees Health Plan.

Benefits do not begin until the first premium payment has been received.

Premiums are due by the 10th day of the month. The initial premium invoice will be included with the approval notice. Subsequent billing will be done by the State Employees Health Plan. Advance notice of closure will be system generated if premium is not received by the 10th day of the month.

H-585.9 LaCHIP Affordable Plan Eligibility Card

LaCHIP Affordable Plan children will not receive a Medicaid Eligibility Card. Membership cards will be mailed by the Louisiana State Health Plan.